ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

SW-02496A Lake Pleasant Sewer Company 2390 E. Camelback Rd., Ste. 310 Phoenix, AZ 85016

PECEVED

APR 1 0 2008

AZ CORP COMM Director Utilities

ANNUAL REPORT

FOR YEAR ENDING

12 31 2007

FOR COMMISSION USE 07

ANN05

COMPANY INFORMATION

Company Name (Rusiness	Name) <u>Lake Pleasant Sewer Co</u>	ama a na r	
		шрапу	
Mailing Address 2390 E. (Street)	Camelback Rd. Ste 310		
Phoenix	AZ	8	5016
(City)	(State)	· · · · · · · · · · · · · · · · · · ·	ip)
(602) 957-8181	(602) 057 9320		
Telephone No. (Include Area Code)	(602) 957-8320 Fax No. (Include Area Code)	Cell No.	(Include Area Code)
,	,	OM I.O.	(menade Area Gode)
Email Address donald.le	:0@dricpa.com		
Local Office Mailing Address	Same		
	(Street)		
(City)	(State)	(7:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Ony)	(State)	(Zip	o)
Local Office Telephone No. (Include Area	a Code) Fax No. (Include Area Code)	Callate a	
Local Office rejeptione two. (themae Area	rax No. (include Area Code)	Cell No. (In	clude Area Code)
Email Address			
	MANAGEMENT INFORMATI	ON	
Management Contact:	Charles Civer	0	- ·
management Contact.	(Name)	Owner's Agent (Title)	
42265 N. Old Mine R	, ,	AZ	85331
(Street)	(City)	(State)	0000
(480) 451-6961	(400) 214 0504		(Zip)
	(480) 314-9594		(Zip)
Telephone No. (Include Area Code)	(480) 314-9594 Fax No. (Include Area Code)	Cell No. (Inc	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inc	(Zip) lude Area Code)
Telephone No. (Include Area Code)		Cell No. (Inc	
Telephone No. (Include Area Code) Email Address <u>cwc3@ea</u>	Fax No. (Include Area Code)	Cell No. (Inc	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inc	
Telephone No. (Include Area Code) Email Address cwc3@ea	Fax No. (Include Area Code)	Cell No. (Inc	
Telephone No. (Include Area Code) Email Address cwc3@ea On Site Manager: N/A (Street)	Fax No. (Include Area Code) arthlink.net (Name) (City)	(State)	lude Area Code) (Zip)
Telephone No. (Include Area Code) Email Address <u>cwc3@ea</u> On Site Manager: <u>N/A</u>	Fax No. (Include Area Code) arthlink.net (Name) (City)	(State)	lude Area Code)
Telephone No. (Include Area Code) Email Address cwc3@ea On Site Manager: N/A (Street)	Fax No. (Include Area Code) arthlink.net (Name) (City)	(State)	lude Area Code) (Zip)

Please mark this box if the above address(es) have changed or are updated since the last filing.

Ot-to-to Ato Donald D. Loo	•		
Statutory Agent: Donald R. Leo	(Name)		
2390 E. Camelback Rd. Ste 31		AZ	85016
(Street)	(City)	(State)	(Zip)
(602) 957-8181 Telephone No. (Include Area Code)	(602) 957-8320	C HALL OF A	• • • • • • • • • • • • • • • • • • • •
	Fax No. (Include Area Code	Cell No. (Include	de Area Code)
Attorney:	(Name)		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Includ	e Area Code)
Email Address			
Please mark this box if the above add	lress(es) have changed or are	updated since the	e last filing.
OWN	ERSHIP INFORMATIO	<u> </u>	
Check the following box that applies to you	ur company:		
Sole Proprietor (S)	X C Corporation (C	(Other than As	sociation/Co-op)
Partnership (P)	Subchapter S Con	rporation (Z)	
☐ Bankruptcy (B)	Association/Co-o	p (A)	
Receivership (R)	☐ Limited Liability	Company	
Other (Describe)	~~		
	COUNTIES SERVED		
Check the box below for the county/ies in v	which you are certificated to pro	ovide service:	
□ АРАСНЕ	☐ COCHISE	□ coc	ONINO
☐ GILA	☐ GRAHAM	GRE	ENLEE
☐ LA PAZ	X MARICOPA	□ мон	IAVE
☐ NAVAJO	☐ PIMA	☐ PINA	L
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUM	A
☐ STATEWIDE			

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	
No.	DECRIPTION	Cost	Depreciation	O.C.L.D.
		(OC)	(AD)	(OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers - Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant Intangible Assets	111,463	0	111,463
	TOTALS	111,463	0	111,463

This amount goes on the Balance Sheet Acct. No. 108 —

CALCULATION OF DEPRECIATION EXPENSE

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant Intangible Assets	111,463	0	0
	TOTALS	111,463	0	0

This amount goes on the Comparative Statement of Income and Expense Acct. 403

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	TEST YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
132	Special Deposits		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		46.
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets	111,463	111,463
	TOTAL CURRENT AND ACCRUED ASSETS		
		\$ 111,463	\$ 111,463
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		<u> </u>
105	Construction Work in Progress		in the second se
108	Accumulated Depreciation – Utility Plant		-
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 0	\$ 0
	TOTAL ASSETS	\$ 111,463	\$ 111,463

NOTE: Total Assets on this page should equal Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acet No.			BALANCE AT EGINNING OF TEST YEAR	BALANCE AT END OF YEAR	
	CURRENT LIABILITES			-	4.
231	Accounts Payable	\$	11,463	\$	11,463
232	Notes Payable (Current Portion)	 _	11,403	Ψ.	11,103
234	Notes/Accounts Payable to Associated Companies				
235	Customer Deposits				
236	Accrued Taxes			+	
237	Accrued Interest			+	
241	Miscellaneous Current and Accrued Liabilities			-	
	TOTAL CURRENT LIABILITIES	\$	11,463	\$	11,463
	LONG-TERM DEBT (Over 12 Months)		· · · · · · · · · · · · · · · · · · ·	\vdash	
224	Long-Term Notes and Bonds	\$		\$	
	DEFERRED CREDITS				
252	Advances in Aid of Construction	\$		\$	
253	Other Deferred Credits			-	
255	Accumulated Deferred Investment Tax Credits				
271	Contributions in Aid of Construction		*	1	
272	Less: Amortization of Contributions				
281	Accumulated Deferred Income Tax				
	TOTAL DEFERRED CREDITS	\$		\$	
	TOTAL LIABILITIES	\$	11,463	\$	11,463
	CAPITAL ACCOUNTS		-	1	
201	Common Stock Issued	\$	100,000	\$	100,000
211	Other Paid in Capital				
215	Retained Earnings				
218	Proprietary Capital (Sole Props and Partnerships)				
	TOTAL CAPITAL	\$	100,000	\$	100,000
	TOTAL LIABILITIES AND CAPITAL	\$	111,463	\$	111,463

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	P	RIOR YEAR	CUR	RENT YEAR
521	Flat Rate Revenues	\$		\$	
522	Measured Revenues				
536	Other Wastewater Revenues			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	TOTAL REVENUES	\$	0	\$	0
	OPERATING EXPENSES				
701	Salaries and Wages	\$		<u> </u>	
710	Purchased Wastewater Treatment	D		\$	
711	Sludge Removal Expense				
715	Purchased Power	-			
716	Fuel for Power Production	-			
718	Chemicals	+			
720	Materials and Supplies	-			
731	Contractual Services – Professional		÷		
735	Contractual Services – Testing				
736	Contractual Services – Other			 	
740	Rents	-			
750	Transportation Expense	-	12		
755	Insurance Expense		-		
765	Regulatory Commission Expense	-		-	
775	Miscellaneous Expense	 		-	
403	Depreciation Expense				
408	Taxes Other Than Income	 			
408.11	Property Taxes				
409	Income Taxes	 			
	TOTAL OPERATING EXPENSES	\$	0	\$	0
	OTHER INCOME/EXPENSE				
419	Interest and Dividend Income	\$		\$	
421	Non-Utility Income	Ψ) D	
426	Miscellaneous Non-Utility Expenses	 			· · · · · · · · · · · · · · · · · · ·
427	Interest Expense	-			÷
 ,	TOTAL OTHER INCOME/EXPENSE	\$	0	\$	
	TOTAL OTHER INCOME/EATENSE	Φ	0) D	00
	NET INCOME/(LOSS)	\$	0	\$	0

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$ 0	\$	\$	\$
Amount Outstanding	\$0	\$	\$	\$
Date of Maturity				
Interest Rate	C	%	% %	%
Current Year Interest	\$ 0	\$	\$	\$
Current Year Principle	\$ 0	\$	\$	\$

COMPANY NAME	Lake	Pleasant	Sewer	Company
Name of System: Sa	ıme		Was	tewater Inventory Number (if applicable):

WASTEWATER COMPANY PLANT DESCRIPTION TREATMENT FACILITY

TYPE OF TREATMENT (Extended Aeration, Step Aeration, Oxidation Ditch, Aerobic Lagoon, Anaerobic Lagoon, Trickling Filter, Septic Tank, Wetland, Etc.)	Extended aeration, aquifer recharge (Design approved, not built)
DESIGN CAPACITY OF PLANT (Gallons Per Day)	60,000 gal

LIFT STATION FACILITIES N/A

Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)

FORCE MAINS N/A

Size	Material	Length (Feet
4-inch		
6-inch		

MANHOLES N/A
Type Quantity
Standard
Drop

CLEANOUTS	N/A
Quantity	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Lake	Pleasant	Sewer	Company
Name of System: Sa	ıme		Wast	ewater Inventory Number (if applicable):

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

$\underset{N/A}{\textbf{COLLECTION MAINS}}$

SERVICES N/A

Size (in inches)	Material	Length (in feet)
4		
6		
8		
10		
12		
15		
18		
21		
24		
30		

Size (in inches)	Material	Quantity
4		
6		
8		
12		
1.5		

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY PER WASTEWATER SYSTEM

SOLIDS PROCESSING AND HANDLING FACILITIES	N/A
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	N/A
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	N/A
STRUCTURES (Buildings, Fences, Etc.)	N/A
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.	N/A

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Lake Pleasant Sewer Company	
Name of System: Sa	me Wastewater Inventory Number (if applicable):	

WASTEWATER FLOWS N/A

MONTH/YEAR (Most Recent 12 Months)	NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY
January			TEARDAT
February			
March			
April			
May			
June			
July	/		
August			
September			
October			
November			
December			7

$\frac{\text{PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE PER WASTEWATER}}{\text{\underline{SYSTEM}}}$

Method of Effluent Disposal (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	Groundwater recharge
Groundwater Permit Number	73-205388-0000
ADEQ Aquifer Protection Permit Number	105-624
ADEQ Reuse Permit Number	N/A
EPA NPDES Permit Number	N/A

Note: If you are filing for more than one system, please provide separate sheets for each system.

<u>IN</u>	COME TAXES
For this reporting period, provide the following	ıg:
Federal Taxable Income Reported	0
Estimated or Actual Federal Tax Liability	0
State Taxable Income Reported	0
Estimated or Actual State Tax Liability	45
Amount of Grossed-Up Contributions/Advance	ees:
Amount of Contributions/Advances	Ó
Amount of Gross-Up Tax Collected	0
Total Grossed-Up Contributions/Advances	0
the amount of refund due to each Payer, and to the Payer.	x refunds have already been made, attach the following ontribution/advance, the amount of gross-up tax collected the date the Utility expects to make or has made the refund
in the prior year's annual report. This certification	ty has refunded to Payers all gross-up tax refunds reported ication is to be signed by the President or Chief Executive ral partner, if a partnership; the managing member, if a r, if a sole proprietorship.
SIGNATURE	<u>4/9/08</u> DATE
Donald R. Leo PRINTED NAME	_President TITLE

COMPANY NAME	Lake	Pleasant	Sewer	Company

YEAR ENDING 12/31/2007

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2007 was: \$_0	
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks fo property tax payments) of any and all property taxes paid during the calendar year.	r
If no property taxes paid, explain why	
	_
	_

VERIFICATION AND SWORN STATEMENT Taxes

INFORMED)

APR 1 8 7008

AZ CORP COMM

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7	-				•			_		1.1

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

	-Director Utilit ies
COUNTY OF (COUNTY NAME) Maricopa	-54000-04111 168
NAME (OWNER OR OFFICIAL) TITLE Donald R. Leo, President	
COMPANY NAME	
Lake Pleasant Sewer Company	1

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

(602) 957-8181 TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

9th

DAY OF

county NAME Maricopa

MONTH April

.20<u>0</u>8

SEAL SEAL ANDERSON

NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY

Y CONNESSION STPIRES: January 2,2012

2, 2012

SIGNATURE OF NOTARY PUBLIC

PHILIVED

VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only

A. x / C 2003

COMP COMM
Director Utilities

VERIFICATION		Orrector
STATE OF Arizona	COUNTY OF (COUNTY NAME) Maricopa	
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) TITLE Donald R. Leo, President	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

COMPANY NAME

OF THE Lake Pleasant Sewer Company

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2007 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)	
\$ <u>0</u>	

(THE AMOUNT IN BOX ABOVE INCLUDES \$_0 IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

9th DAY OF

COUNTY NAME
Maricopa

MONTH April , 2008

KAREN L. ANDERSON

(SWOTARY PUBLIC - ARIZONA MARICOPA COUNTY

OMANISSION OF COPPLETES Japuary 2, 2012

SIGNATURE OF NOTARY PUBLIC

SIGNATURE OF OWNER OR OFF

TELEPHONE NUMBER

<u>(602) 957-8181</u>

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

8003 0 1 81:A

AZ CORP COMM Director Utilities

VERIFICATION

INTRASTATE REVENUES ONLY

STATE OF Arizona					
	соимту ог (соимт Maricopa	Y NAME)			
I, THE UNDERSIGNED	name (owner or o	FFICIAL) Leo		TITLE Preside	nt
OF THE	COMPANY NAME Lake Ple	easant S	ewer Comp	pany	
DO SAY THAT THIS ANNUA	AL UTILITY R	EPORT TO) THE ARIZ	ONA CODDODATIO	N. COMMISSION
	MONTH	DAY	YEAR		N COMMISSION
FOR THE YEAR ENDING	12	31	2007		
HAS BEEN PREPAPERS AND RECTHE SAME, AND STATEMENT OF COVERED BY THIS SET FORTH, TO THE SWORN STATEMENT IN ACCORDANCE 401.01, ARIZONA FOPERATING REVENTILITY OPERATICALENDAR YEAR 2	DECLARE BUSINESS AS REPORT IN HE BEST OF IN WITH THE HE REVISED STA	AID UTIL THE SA AND AFF N RESPEC MY KNOW REQUIRE ATUTES, AID UTIL	JITY; THA ME TO I AIRS OF T TO EAC VLEDGE, I MENTS OF IT IS HER ITY DERIV	T I HAVE CAREF BE A COMPLETE SAID UTILITY F H AND EVERY MA NFORMATION AN TITLE 40, ARTIC EIN REPORTED T VED FROM ARIZO	ULLY EXAMINE C AND CORRECT OR THE PERION TTER AND THIN D BELIEF. LE 8, SECTION 40 THAT THE GROSONA INTRASTAT
ADETONIA VALTONIA CON CONTROL	OPERATING REVE				
ARIZONA INTRASTATE GROSS	OLDIGITATIO REVE	ENUES	INCLUD		
\$0			INCLUD IN SALES		
	REPORTED O	ON THIS PA	INCLUD IN SALES GE	ES \$0_	
\$0 *RESIDENTIAL REVENUE	REPORTED O	ON THIS PA	INCLUD IN SALES	ES \$ 0 S TAXES BILLED, OR	COLLECTED
\$0 *RESIDENTIAL REVENUE	REPORTED O	ON THIS PA	INCLUD IN SALES GE X	ES \$ 0 S TAXES BILLED, OR SIGNATURE OF OWNER OR OF 502) 957-8181	COLLECTED
\$0 *RESIDENTIAL REVENUE	REPORTED C	ON THIS PA	INCLUD IN SALES GE X	ES \$ 0 S TAXES BILLED, OR SIGNATURE OF OWNER OR OF 502) 957-8181 TELEPHONE NUMBER	COLLECTED
\$0 *RESIDENTIAL REVENUE MUST INCLUDE SALES T	REPORTED O AXES BILLED	ON THIS PA	INCLUDIN SALES GE X (6) ME	ES\$ 0 STAXES BILLED, OR SIGNATURE OF OWNER OR OF 502) 957-8181 TELEPHONE NUMBER REATEMPLISNAME Ander COUNTY NAME	COLLECTED
*RESIDENTIAL REVENUE MUST INCLUDE SALES T	REPORTED O AXES BILLED	ON THIS PA	INCLUDIN SALES GE X (G) ME DUNTY OF	STAXES BILLED, OR STAXES BILLED, OR SIGNATURE OF OWNER OR OR 502) 957-8181 TELEPHONE NUMBER KATEPPLIENAME Ander COUNTY NAME Maricopa	COLLECTED
\$0 *RESIDENTIAL REVENUE MUST INCLUDE SALES T SUBSCRIBED A A NOTARY PUR	REPORTED OF AXES BILLED	ON THIS PA	INCLUDIN SALES GE X (G) ME DUNTY OF	ES\$ 0 STAXES BILLED, OR SIGNATURE OF OWNER OR OF 502) 957-8181 TELEPHONE NUMBER REATEMPLISNAME Ander COUNTY NAME	FICIAL
*RESIDENTIAL REVENUE MUST INCLUDE SALES T SUBSCRIBED A A NOTARY PUT THIS	REPORTED OF AXES BILLED	ON THIS PA	INCLUDIN SALES GE X (G) ME DUNTY OF	STAXES BILLED, OR STAXES BILLED, OR SIGNATURE OF OWNER OR OR 502) 957-8181 TELEPHONE NUMBER KATEPPLIENAME Ander COUNTY NAME Maricopa	FICIAL